

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869 Fax: 502 574-5299 www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request:	6/14/12	Case Number:	00242411-001
Referring Agency	:Jefferson County Juvenile Court	Restitution Amount:	
Person Referring		Diversion 🔀	Probation
Phone Number		Next Court Date:	<u>N/A</u>
Victim Information (use additional forms for multiple victims)			
Name:Not listed – Officer Stephanie Swartz will participate and represent the community			
Address: 236 South 41 st Street, Louisville, KY 40211			
Home Number: Cell Number: Email Address:			
Male Female Date of Birth			
If under age eighteen (18), parent/guardian name and address:			
Offender Information (use separate form for each offender)			
Name:	Tony Barrett		
Address:	4321 Lynnview Drive, Louisville KY 40	0216	
Home Number: _	Cell Number:	Email Addres	s:
Male 🔀 🛮 Femal	e 🗌	Date of Birth:7/1	5/95
If under age eighteen (18), parent/guardian name and address: Richard & Carcyle Barrett at same address;			
Richard's number 644-3934; Carcyle's number 404 717-3412			
Date of Offense: 3/22/12 Was a citation issued? Yes No Officer: D. Pitts			
Summary of offense and nature of damages: (attach a copy of the petition and, if appropriate, the citation.)			
	sing 3 rd – on 3/22/12, Officer was dispa er observed child unlawfully on the pro		